

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on December 4, 2003.

I. DISPUTE

Whether there should be additional reimbursement for CPT code 99456-WP rendered on 8/19/03.

II. RATIONALE

Review of the requestor's HCFA 1500 revealed that the requestor billed for CPT code 99456-WP in the amount of \$800.00. Review of the EOB dated 11/6/03 revealed that the carrier paid the requestor the amount of \$650.00 and denied the remaining amount of \$150.00 as "F-Fee Guideline MAR Reduction and S-Supplemental Payment"

Review of the requestor's request for reconsideration letter dated 9/12/03 partially states; "...TWCC addresses Maximum Medical Improvement (MMI) Evaluations with Rule 134.202, Subsection (e)(6), Subparagraph (C). This rule states to reimburse the examining doctor, other than the treating doctor **\$350.00 for MMI evaluations**. TWCC addresses Impairment Rating (IR) Evaluations with Rule 134.202, Subsection (e)(6), Subparagraph (D). This rule states if a full physical evaluation, with range of motion, is performed, **reimbursement for the first musculoskeletal body area is \$300.00 and each additional musculoskeletal body area is \$150.00**. As well, Rule 134.202, Subsection (3)(6), Subparagraph (B)(iii), if the examining doctor determines MMI has been reached and an IR evaluation is performed, **both the MMI evaluation and the IR evaluation portions of the examination shall be billed and reimbursed...**"

Review of the respondent's position dated 2/27/04 partially states; "...no TWCC 60 has been presented." The requestor's representative for Box 3 picked up and signed for the TWCC 60 packet on December 8, 2003.

According to TWCC Rule 134.202 (e)(6)(C)(iii), an examining doctor, other than the treating doctor, shall bill using the 'Work related or medical disability examination by other than the treating physician...' Reimbursement shall be \$350. The requestor an examining doctor, other than the treating doctor and performed a medical disability examination (MMI), therefore according to the rule the requestor is entitled to reimbursement in the amount of \$350.00 for the MMI. According to TWCC Rule 134.202 (e)(6)(D)(iii)(II)(b)(1-2); If a full physical evaluation, with range of motion, is performed: \$300.00 for the first musculoskeletal body area; and \$150 for each additional musculoskeletal body area. The requestor performed a full physical evaluation with range of motion testing of the lower extremities testing and the spine and is therefore entitled to the first musculoskeletal body area in the amount of \$300.00 and the additional musculoskeletal body area in the amount of \$150.00. Therefore, the requestor is entitled to a total reimbursement of \$800.00. Per the EOBs the carrier has paid the requestor the amount of \$650.00. Additional reimbursement is recommended to the requestor in the amount of \$150.00.

III. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor is entitled to reimbursement for CPT code 99456-WP in the amount of **\$150.00**. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby ORDERS the Respondent to remit **\$150.00** plus all accrued interest due at the time of payment to the Requestor within 20-days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 12th day of March 2004.

Margaret Q. Ojeda
Medical Dispute Resolution Officer
Medical Review Division

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